



**MAILING LIST ORDER FORM**

The pre-registration mailing list as well as the final registration mailing list is available in excel format on a one time, one use basis. The pre-registration list is available after **May 8, 2019**. The fee is \$250. The final registration list is available approximately 3 weeks after the close of the meeting. The fee is \$500 for the final list. An excel spreadsheet will be emailed to you. Payment and a copy of your mail piece must be included with order form and sent to:

International Society for Minimally Invasive Cardiothoracic Surgery  
 500 Cummings Center, Suite 4400  
 Beverly, MA 01915 USA  
 Telephone: 978-927-8330  
 Fax: 978-524-0461  
[industry@ismics.org](mailto:industry@ismics.org)

- Pre-registraion list (\$250 fee)
- Final registration list (\$500 fee)

**PAYMENT METHOD:**

Credit Card:  American Express  MasterCard  Visa

Check amount enclosed: \$ \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

\_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Credit Card Number (3-4 numbers on front or back)  
 of card)

\_\_\_\_\_ Cardholder's Signature  
 Name as it appears on credit card

- Secure Fax:** + 978.524.0461 **\*This form must be faxed if credit card number is showing. DO NOT EMAIL.**
- Please check if credit card billing address is same as contact information at the top of the form.
- If billing address is not the same please enter below.

\_\_\_\_\_ Street Address  
 Company Name

\_\_\_\_\_  
 City/State/Postal Code /Country

**ONE TIME USE ONLY**

**I understand by ordering the list, I will use it once and will not reproduce it. Please note that this list is seeded to detect unauthorized use and may be used for this mailing only. If unauthorized use is found, a \$1,000 fee will be imposed.**

Contact Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*PLEASE Include a copy of your mail piece for approval. Thank you!\*\*\***